

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036367

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9044

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
2 wkc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION DePaul HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 1011 SellsReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
LAWRENCE FRANK KLEINSCHMIDT4. DATE OF DEATH
Month Day Year
September 18th, 19625. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8/8/909. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

not known

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

Louise Kleinschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
WW I 3792264

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Louise Kleinschmidt, 1011 Sells

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diffuse, chronic bilateral pneumonia

INTERVAL BETWEEN ONSET AND DEATH
6 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cause undetermined

DUE TO (c)

490XH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *

Carcinoma of urinary bladder

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1958 to 9-18-62 and last saw him alive on 9-18-62
Death occurred at 7:30 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sydney A. Blatter M.D.

22b. ADDRESS

302 Northland Mel. Bldg.

22c. DATE SIGNED

9-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

9/21/62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

DIEDRICH FUNERAL HOME, 8319 Hallaferry

25. DATE RECD. BY LOCAL REG.

SEP 19 1962

25. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.